Town of Nolensville Garage Sale Permit Application

Full Name of Applicant*:	
Address of Applicant*: *(IF MORE THAN ONE APPLICANT, USE BACK OF APPLICATION TO	LISTADDITIONAL NAMES AND ADDRESSES)
Location of Garage Sale:	
Dates of Garage Sale:	
Location of any Signs to be placed: IF SIGNS ARE TO BE PLACED, READ TITLE 9, CHAPTER 2 OF	F THE NOLENSVILLE MUNICIPAL CODE.
I, the undersigned, state that any and all property to be so above, is my own personal property and was neither acque of resale. I further agree to fully comply with Title 9, Ch Code, (Ordinance 98-03) and any other ordinances that respectively.	uired, nor consigned for the purpose napter 2 of the Nolensville Municipal
Signature	Date